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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062073 (8)
1. Corporation Name
HOWARD ENVIRONMENTAL PRODUCTS AND SERVICES, INC.



Principal Place of Business
41 KNOLLWOOD DRIVE
ROCKLEDGE FL 32955

Mailing Address
41 KNOLLWOOD DRIVE
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 665 HAWAII DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 665 HAWAII DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/10/1995	
22 City & State 23 MERRITT ISLAND, FL Zip 24 32953 Country 25 USA		27 City & State 28 MERRITT ISLAND, FL Zip 29 32953 Country 30 USA		4. FEI Number 59-3333164 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOWARD, STEPHEN J
41 KNOLLWOOD DRIVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Stephen J Howard STEPHEN J HOWARD, PRESIDENT 04-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, STEPHEN J	1.2 NAME	
STREET ADDRESS	41 KNOLLWOOD DRIVE	1.3 STREET ADDRESS	665 HAWAII DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, CAROLINE L	2.2 NAME	
STREET ADDRESS	41 KNOLLWOOD DRIVE	2.3 STREET ADDRESS	665 HAWAII DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Stephen J Howard STEPHEN J HOWARD, PRESIDENT 04-20-98

CR2E034 (10/97)